MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02723 filled in by the funeral papers. Pages 1 and 2-thin 79 hours after death. executed within 24 hours after death. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY TALBOT MARYLAND MARYLAND and in any event, within 72 hours after b. CITY OR TOWN (If autside carparote limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town) 19 years RURAL RURAL EASTON EHSTON e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 00 YES NO P 3. NAME OF First Middle 4. DATE remave carban Lost Month Year and campletely DECEASED ANDERSON PHILIP RANDOLPH FEBRUARY 1967 (Type ar print) DEATH AGE (In years lost birthday) S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Haurs Manths Days MARCH 23, 1916 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT The law requires that the death certificate be COUNTRY? during mast of working life, even if retired INDUSTRY physician WASHINGTON . D.C. RESI GUMBER LUMBER 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, ar remaval, PETER MELVIN ANDERSON GRACE MARGAR WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknawn) (If yes give wor ar dotes of service) 577-16-8444 ANDERSON LUMBER CO. INC. FASTOW MD UES WORLDWARIE CAUSE OF DEATH (Enter anly ane couse per line far (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Canditians, if any, which gove rise to immediate couse (a). DUE TO stating the underlying cause FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar ta last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO YES 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City ar tawn) (Caunty) (Stote) Hour a.m. Not While foctory, street, office bldg., etc.) 19 ot work ot work 21. I certify that (1) (this hospital) attended the deceased fram 6 afr 1967, that (1) (we) last . 1966 La ta 19 67, and that death accurred at 10 6 M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a, SIGNATURE M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Box 929. Easton. 23g BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (State) 23b. DATE THEREOF REMOVAL (Specify) ARLINGTON NATIONAL GRETERY VA. ARLINGTON 0 **ADDRESS** 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02724 CERTIFICATE OF DEATH and 2 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY in any event, within 72 hours after MARYLAND requires that the death certificate be executed within 24 haurs after c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside korporate limits write RURAL and give nearest tawn RASONVILLE e. IS RESIDENCE ON A FARM? papers. d STREET ADDRESS campletely filled in OR INSTITUTION (If not in haspital, give street address) YES NO W NAME OF DATE Middle Manth Day Year remove carban OF DEATH DECEASED (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS SEX B. DATE OF BIRTH 6. COLOR OR R **NEVER MARRIED** last birthday) Months Doys Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind af wark dane 11 RIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) COUNTRY? INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME NKNOWN KNOWI crematian, ar remay 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates af service) 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying cause with the State Dept. af Health priar to FUNERAL DIRECTOR: After this certificate has been far use as the lost. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION YES 🗌 NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year Haur o.m. foctory, street, office bldg., etc.) Nat While ot work at work 2). I certify that (I) (this hospital) attended the deceased from Z, and that death occurred of 19 19___, that (I) (we) last M. from couses and on the date stated above. saw the deceosed olive on, 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING K rever M.D. DIRECTOR PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL REVER EASTON NAME (Type) OBERT 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION STEVENSVILLE STEVENSVILLE 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR

7 " L" () A Company of the second second of the second 2012

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Pages 1 b. COUNTY after Marvland Caroline MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b and completely filled in by remove carbon papers. Pag any event, within 72 hours write RURAL and give nearest town) hours Preston d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Maple Avenue NO C YES within NAME OF Middle Last DATE Month Day DECEASED (Type or print) DEATH 11- 196 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Male White April 19, 1899 WIDOWED DIVORCED [yrs. 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even If retired) COUNTRY? Preston, Maryland Retired Naval Engineer Navv U.S.A. certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending" remd Edward Benson Emmaline Carmine 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 다. (Yes, no, or unkown) (If yes give war or dates of service) the atte Yes W W 1 and Unknown Mrs. Bessie M. Benson, Preston, Md. cremation. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed by the the burial-transit or to burial, cremat ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 30 da IMMEDIATE CAUSE (a) OUF TO Cenditions, if any, which gave rise to Immediate as the l DUE TO cause (a), stating the underlying cause last. has (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. for use Health PERFORMED? FICATI certificate the hospital or NO X this cerum detached for 20a, ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CERTI OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) factory, street, officebidg., etc.) Hour a.m. Not While After retained by at work at work p.m. P 1967 19 6 7, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 13 to DIRECTOR: age 3 should led with the saw the deceased alive on. and that death occurred at, M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING' MED STAFF DIRECTOR M.D. PHYS. 4 may pag PHYSICIAN'S NAME (Type Stephen P. FUNERAL 22d. ADDRESS irector, p Carney M. D Easton, Maryland director should b BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. REMOVAL (Specify) 2-14-67 Bethesda Methodist Church Preston, Md. Cem. Burial ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR IIId edujaliduja VR A15 (4)

20M 1/65

02720				.2:3	20
	Townsyl along				
	The state of the				
	Sim the grant of the mile			100	
4.3.4.			exact tan	. I ever	
	infrared authoris		normal to		
La ands	east Charmen of estimate and the	taxounn.	13 formula		
ralsles"	be forek moradi. B.A.	v	yar . net	1000	
	e vert count entonits		11-01		
					1000

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, or remover, and in any event, within 72 haurs after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1		02726		CERTIFICATE	OF DEATH		02721
1	(PLACE OF DEATH a. COUNTY	elot	MARYLAND	Maryland	here deceased lived, if institution	JY /
		b. CIIY OR TOWN (If altiside carpo write RURAL and give pearest	town)	c. LENGTH OF STAY IN 16 5,5 clays		tside carparate limits, write RUR/ Maryland	AL and give nearest tawn)
7		d. NAME OF HOSPITAL OR INSTITUT	rial /	Josephal	207 North	3rd Street	YES NO Z
		NAME OF DECEASED (Type or print) War	PACE 7. MARRIED TO	Cabella 13	DATE OF BIRTH	4. DATE Month OF DEATH 9. AGE (In years	Day Year 7
		emale Negro	WIDOWED [DIVORCED D	Jan 21,1924	1 1 1 1 1 1 1	Manths Days Haurs Min.
	1Da. duri	. USUAL OCCUPATION (Give kind of vince most of working life, even if reting the control of the c	vark dane 10b. KINI (NDI NO)	O OF BUSINESS OR USTRY	11. BIRTHPLACE (County Easton, Ma	8. State, ar fareign cauntry) ry la a d	12. CITIZEN OF WHAT
		FATHER'S NAME Robert Lawrence			14. MOTHER'S MAIDEN N		
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED is, na, ar unknawn) (If yes give war No	FORCES? r or dates af service)		FORMANT morial Hesp	Addres , Easton , Maryl	
		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSEI IMMEDIA 1751 Canditions, if any, which gave	D BY: ATE CAUSE (a) DUE TO	a), (b), and (c).) astatica		na of th	INTERVAL BETWEEN ONSET AND DEATH Therefore
		rise ta immediate cause (a), stating the underlying cause (last.	(b) > DUE TO (c)				1
2	ATION	PART II. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES \(\begin{array}{c} NO \\ \begin{array}{c} \end{array}
	L CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAM	EATH	RIBE HOW INJURY OCCURRED. (Enter nature af injury in f	Part I ar Part II af item 1B.)	
	MEDICAL	20c. TIME OF INJURY Manth, Do Haur a.m. p.m.	ογ, Year 20d. INJ While at wark	Nat While facto	E OF INJURY (Hame, farm ry, street, affice bldg., etc.)		(Caunty) (State)
		sow the deceased ofi		ed the deceased fram 19, ond that	death occurred of		, 19, that (I) (we) las and on the date stated above
			ert W. Tr	wer M.D	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
1		22c. PHYSICIAN'S NAME (Type) Robe	rt W. Trever	, M. D.		Easton, Md. 2	1601
	230		DATE THEREOF ar 4, 1967	23c. NAME OF CEMETERY OR C		23d. LOCATION (City or Tow	Denton, Md.
	24	ashielf.	Luneros	In ADDRESS East	2Sa. REC'D	BY REGISTRAR 25b. REG	GISTRAR'S SIGNATURE JUDGE

VR A15 (4) 20 M 1/66

	Mark Mark Street				
12720					0.848.0
411	vied Bally				
	name of the same	a .			
	P being Sid direct	93			
	E 1 - 4895,76	Ast IT		012	oz elmid
	danive here		e adil		W. Lween Hill
	Sadffell eller			ou little	wall Tress
	2 M				
	embling the second				
				1034	
		n seltan orso	· · · · · · · · · · · · · · · · · · ·	I Princip	
, Harrison of		Vanate tano	gert on the	the state of the s	105.
	67 544 ·				

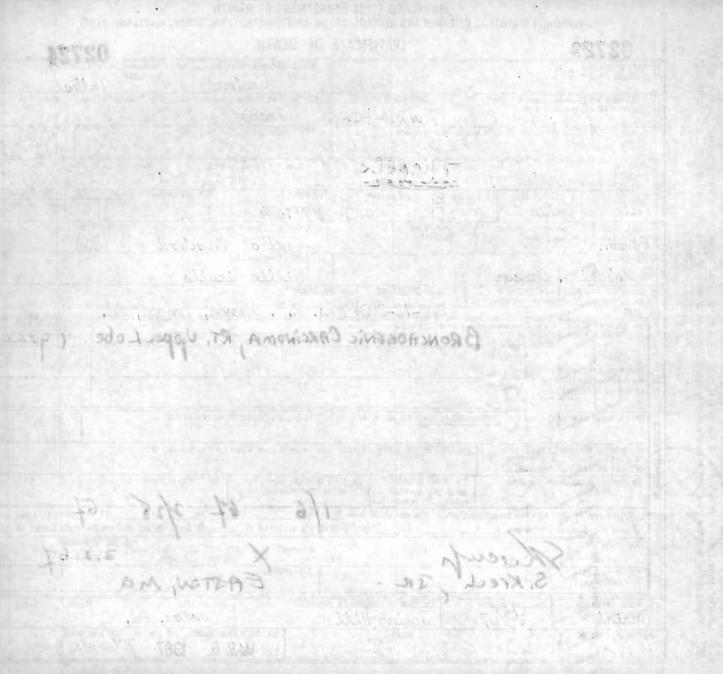
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. 24 hours after death. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY Talbox b. COUNTY by the financial Pages 1 urs after Talbox MARYLANO c. CITY OR TOWN (If butside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b hours write RURAL and give nearest town) years aston .= bon papers. within 72 h d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? filled d. STREET ADDRESS 210 Brookletts Ave. 210 Brookletts Ave. NO X executed within completely 3. NAME OF Month Middle DECEASEO 1967 event, DEATH (Type or print) AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months | Days any WIDOWED [OLVORGED [10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INOUSTRY 12. CITIZEN OF WHAT E 11. BIRTHPLACE (County & State, or foreign country) lease and ir aroline Maryland Nursing The law requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Maude Anthony Harry W. McMahan 21 and Rookletts Ave. 15. WAS OECEASEO EVER IN U.S. ARMEO FORCES? been signed by the attend the burial-transit permit-r to burial, cremation, or r 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unkown) | (If yes give war or dates of service) Caston, Md. Louis A. (allahan. INTERVAL BETWEEN CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND OEATH PART I. DEATH WAS CAUSED BY: moulde the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to immediate as the prior to **OUE TO** cause (a), stating the underlying cause last. (c) certificate has CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) for use f Health p PERFORMEO? NO 17 YES 20a. ACCIOENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURREO, (Enter nature of injury in Part I or Part II of Item 18.) of detached this MEDICAL (State) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) be de State Hour a.m. After While Not While at work at work p.m. retained 1966 to 196 21. I certify that (I) (this hospital) attended the deceased from FUNERAL DIRECTOR: A director, page 3 should should be filed with the and that death occurred at 10 A M, from the causes and on the date stated above. saw the deceased alive on. 22b. OATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. director, page should be filed DIRECTOR Page 4 may t M.D. 22d. ADDRESS PHYSICIAN'S NAME (Type)/ NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b., OATE, THEREOF Woodlawn Memorial Park aston. REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR E. NEWNAM & SON. Easton. Md. VR A15 (4) OATE 20 M 1/65

53756 Ec. 1. Trib the 5.0 3.1. 210 12 The standard war. 270 Brache St. B. IVI. with the state of motion and the The state of Arabyesh mila. Suis sal The state of the s 312 3 3 4 450 3 and the state of t in the contribution of the Test to the state of the second state of the second state of the second STEP SET USES TO TREE EST BETTE en enine in the state of the

(*) (*) (*) (*) (*) (*) (*) (*)			22228
		*	
		3 ST. 1	
		A STATE OF THE STA	
	Section Expedition Research	Vanish Comment	

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02729 death. law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before damission) and completely filled in by the funeral remove carbon papers. Pages 1 and PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town ranne bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS NO NAME OF 4. DATE Month Dov Year DECEASED 19 (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED K DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Male White last birthday) Manths Hours WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY pieose the attending physician sit permit. Then please Talbot Maryland

14. MOTHER'S MAIDEN NAME Parming 13. FATHER'S NAME remove Robert J. Dawson Willie Nicolla IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, ar unknawn) (If yes give war or dates af service) 0 R.N. Dayson. no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) cremat buriol-transit PART I. DEATH WAS CAUSED BY signed by be retained by the hospital or ottending physicion. DUE TO Conditions, if any, which gave (b) rise to immediate cause (a). DUE TO stating the underlying cause os the has been prior to last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO O FUNERAL DIRECTOR: After this certificate for 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) with the Stote Dept. 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20f. (City or tawn) (County) (Stote) Haur a.m. factory, street, affice bldg., etc.) While Not While at work at work 21. I certify that (I) (this haspital) attended the deceased fram pinous and that death accurred at M, fram causes and an the date stated above. saw the deceased alive an 22g. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. PHYS. eq 22d. ADDRESS 22c. PHYSICIAN'S S. Krech SR NAME (Type) director, should 23c. NAME OF CEMETERY OR CREMATORY 23d_ LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) pring Hill 2Sb. REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** 2So. REC'D BY REGISTRAR



tastow. Mrs

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

12720			114
ladia.	andahan ing an an		;
	matt. 3		
1,000	w. 1/1		7
	26.71.76		turber plan
	a, barre		Joseph Joseph
The Indical Pin			
	the money of second to	B+0 B+1	
1			
λ			

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH EALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) e. COUNTY b. COUNTY Talbox timore MARYLAND b. CITY OR TOWN (il outside corporate limits. e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL end giva nearest town) retained for your d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Wuman Park Apts after State YES NO X NAME OF Middle Yeer DECEASED OF the (Typa or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months WIDOWED V 7/1 yrs. 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY during most of working lile, even if retired) Housework 13. FATHER'S NAME William Henry Stinson 16. SOCIAL SECURITY NO. | 17. INFORMANT Andrew M. Eastwick, In Cockysville. no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] or removal, Office along ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ASCVD C CEREBRAL THROMBOSIS YEARS DUE TO Conditions, if any, which (b) geve rise to Immediate cause DUE TO (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 19. WAS AUTOPSY PERFORMED? NO TT 0 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | prior CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, ferm, ! Month, Day, Year 20d. INJURY OCCURRED | 20f. (City or town) (County) (Stete) lectory, street, office bldg., etc.) While Not While at work at work 5 라 다 라 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Undetermined manner death resulted from: Natural causes X Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED F O ROEPUTY MEDICAL EXAMINER X 6 EXAMINER'S NAME (Type) Address (Street, city, town, or county) 4 should Health 22c. NAME OF CEMETERY OR CREMATORY 22e. BURIAL, CREMATION. 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) ADDRESS 23. FUNERAL DIRECTOR 24s. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VR A15ME MURICE E. NEWNAM & SON. Easton, Md. DATE 5M 1/63

85750				181.20	
Nettinae	Services		tolia		
	Callingne	(,)		2.0.23	
	tiggen sanishata.			30.0	
(Politica	state le la		
				35 m275	
	Leakpul			25-035	
#465m	stelle Tages Avene		11-5.	ma20112	
			5 v	Articles (1996)	
	на в брастичного применя в при				
		Musta .	Lepins		
		9.00	В - 4		
		Man Man			*
0/0		s a louther down gright			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please tendove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in July event, within 72 hours ofter death.

Poge 4 may be retained by the hospital or ottending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEDTICICATE OF DEATH

	04632	C.42.40*		CEKTIFIC	CAIE	OF DEATH		0272	Y	- 1
T.	PLACE OF DEATH	. , ,				2. USUAL RESIDENCE (Where dec	h COUNTY		ore odmissio	n)
	14	160 T		MARYLA	AND	Maryla Maryla	ind	Dorche	ster	
	b. CITY OR TOWN (I	f autside corporate limit	s,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If outside corp	porote limits, write RURA	L ond give neore	est town)	
	Write KUKAL and	A S T O		23 das	12	Hurlo	ock		09-2	
8	d. NAME OF HOSPITA	AL OR INSTITUTION (If n	ot in hospitol, g	give street oddress)		d. STREET ADDRESS			e. IS RESID ON A FA	
3.	NAME OF DECEASED	D. F	irst /	Middle Calle Middle	,	Last 4. DAT	2	Do	1	17
5	(Type or print)	6. COLOR OR RACE	7. MARRIED	(ole ma.	-	B. DATE OF BIRTH		IF UNDER 1 YEAR	I IF UNDER	24 HRS
1	Female	Negro		NEVER MARRIED DIVORCED		Oct. 21, 1906		Months Doys		Min.
	o. USUAL OCCUPATION ring most of working OUSEWOTK	(Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY Home		11. BIRTHPLACE (County & Stote, o Dorchester Co.		12. CITIZEN C COUNTRY	USA	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN NAME				100
	Thoma	s Coleman			17	Unknown				
15	. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. 5	SOCIAL SECURITY NO.	17. 1	NFORMANT	Address	11-11-11	1 - 1 -	
(1)	es, no, or unknown)	(If yes give wor or dotes	Ur Ur	nknown	Th	omas E. Elbert,	Hurlock, 1	Marylan	d	
		ATH (Enter only one co	use per line for	(o), (b), ond (c).)	A			I IN	TERVAL BETY	WEEN /
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE	(0)	rinoma	15	res		6	NSET AND DI	EAIH
	170X	DUE	TO 0			00 1		-)	
	Conditions, if ony, rise to immediat	(0) 82000	(b) 0	renome	0	Mess		0	yes	TR.
	stoting the under		10		//			375 7 7 3		
	last.)	(c)		V			111		
ATION	PART II. OTHER SIG	GNIFICANT CONDITIONS	ONTRIBUTING T	O DEATH BUT NOT RELAT	ED TO T	HE TERMINAL DISEASE CONDITION G	GIVEN IN PART 1(o)		PERFORME YES	D?
CERTIFICATION		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE:	SCRIBE HOW INJURY OCC	URRED. ((Enter noture of injury in Port I or	Port II of item 18.)			
MEDICAL	20c. TIME OF INJU Hour o.n	10	20d. IN While ot work			E OF INJURY (Home, form, ory, street, office bldg., etc.)	f. (City or town)	(County)	(5	Stote)
	21. I certif	fy that (I) (this ho	spital) attend	ded the deceosed fr	rom	11 , 1966	-to 2	_, 19661	hot (I) (v	we) lost
	saw the de	eceased alive an_		19, an	nd that	death occurred at/2	M, from causes or	nd on the do	ite stated	above.
	22o. SIGNATURE	XI	B. (Inller	2.M		STAFF PHYS.	22b. DATE SIG	7 - 6	7
	22c. PHYSICIAN'S NAME (Type)		Ambler		M. I	22d ADDRESS Easton, Mary	rland 2	/17/67		,
23	o. BURIAL, CREMATIC		EREOF	23c. NAME OF CEMETE	RY OR	CREMATORY 23d.	LOCATION (City or Town	n) (Count	y) (St	tote)
	REMOVALISPECITY	Feb. 19	,1967	East New	Mar	ket Cemetery	East New M	arket N	Md	
2	4 FUNERAL DIRECTO	R	11	ADDRESS		2So. REC'D BY REG	ISTRAR 2Sb. REGI	STRAR'S SIGNATI	JRE	
0	rampton	Juneal	Home o	Federaleling	- 7	DATEB 24	1967 900	ionelas 1	redas	
				9			V	- 0	0	

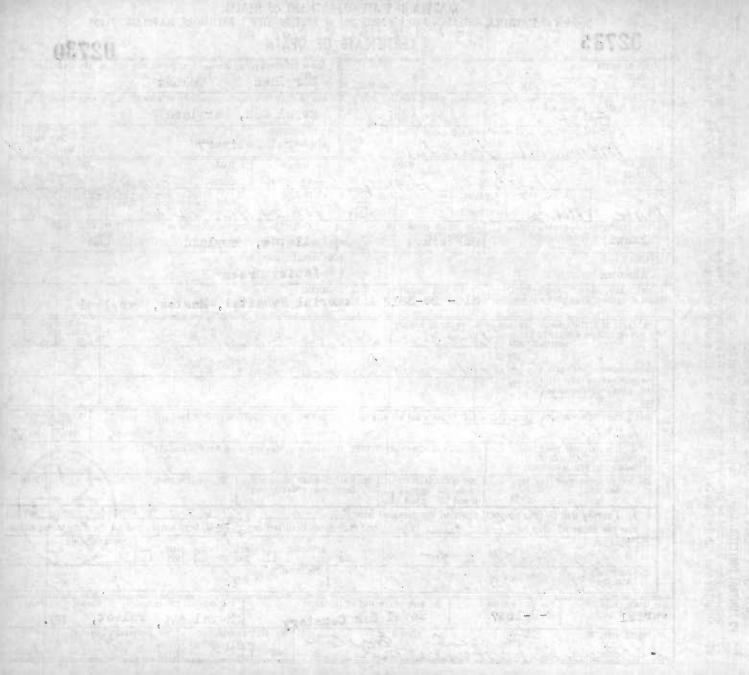
13550	HIGH TO TRANSPORT	02782
		manufacture and an artist
Constant Line		

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #6 Film #G3 CERTIFICATE 02733 OF DEATH within 24 haurs after death by the funeral Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) dead PLACE OF DEATH o. COUNTY b. COUNTY burial-transit permit. Then please remave carban papers. Pages 1 burial, crematian, ar removal, and in any event, within 72 hours after MARYLAND b. CITY OR TOWN (If autside carparate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) days. filled in e. IS RESIDENCE d. STREET ADDRESS INSTITUTION (If not in haspital, give street address) ON A FARM? emovial 101 NO L YES 🗔 3. NAME OF Middle 4. DATE Month Year First Last Day campierely DECEASED OF DEATH 1967 (Type ar print) The law requires that the death certificate be executed IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH AGE (In years NEVER MARRIED 7. MARRIED last birthdoy) Manths Days Hours White 28 WIDOWED DIVORCED pup 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
RETIRED KAPER HANGER COUNTRY? INDUSTRY physician DELORATINO 13. FATHER'S NAME JOSEPH THERINE attending p WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Liberty ENTREVILLE (Yes, no, or unknown) (If yes give war or dates of service) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN the signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' DUE TO Conditions, if any, which gave rise to immediate cause (o), DUE TO stating the underlying cause Page 4 may be retained by the hospital ar attending director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION NO YES 🗍 OR ATTENDING PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year (County) Hour o.m. Not While factory, street, affice bldg., etc.) While at work ot wark 21. I certify that (I) (this hospital) attended the deceased fram. 3 Fel 1967, ta 1967, that (1) (we) last saw the deceased alive an 6 FC 196 and that death accurred at 5 A. M. fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED STAFF ATTENDING DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 2/9/67 Stephen P.Carney Easton. Maryland M. D. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) 23a. BURIAL, EREMATION 23c (County) (Stote) REMOVAL (Specify) 2So. RECD BY REGISTRAR ADDRESS 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

20 M 1/66

Carles lementers V 124-The second secon THORSTON HARRING Caken Lamban

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02735 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death and campletely filled in by the funeral remave carban papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Talb COUNTY o.MAY vland burial, crematian, or removal, and in any event, within 72 hours after MARYLAND b. CITY OR TOWN (If outside carparate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Reyal Oak, Maryland d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? General Delivery YES NO 3. NAME OF 4. DATE Middle Last Manth Year Day DECEASED 5 Reen (Type or print) DEATH 5. SEX 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR UNDER 24/HRS 6. COLOR OR RACE NEVER MARRIED lost birthday) Manths Doys Hours DIVORCED 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign/country) 12. CITIZEN OF WHAT during post of working life, even if retired) COUNTRY? TT NDUSTRY Bellevue, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Louise Green 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, ar unknawn) | (If yes give war or dates af service 18 20-3812 17. INFORMANT Memorial Hespital, Raston, Maryland 18. CAUSE OF DEATH (Enter anly ane cause per line for (a), PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) INTERVAL BETWEEN ONSET AND DEATH signed by the burial-transit p be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta OR ATTENDING PHYSICIAN: The law PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? NO 200. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 2Dc. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour o.m. factory, street, affice bldg., etc.) While Not While at wark at work 21. I certify that (1) (this haspital) attended the deceased fram 2 and that death accurred at 5 2M, fram causes and an the date stated above. saw the deceased alive an_ 220 SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. PATE THEREOF 2-8-1967 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Bu REMOVAL (Specify) Reyal Oak Cemetery Reyal Oak. Talbet. MD. 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 FEB 8



	MARYLAND STATE DIVISION OF STATISTICAL RESEARCH AND RECOR	DEPARTMENT OF HEALTH DS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	02736 CERTIFICA	TE OF DEATH 02732
	1. PLACE OF DEATH a. COUNTY MARYLANE MARYLANE	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ST MICHAELS 20-1
, _	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street addre	d. Street address e. Is residence on a farm? yes \(\sum no \(\sum \)
	3. NAME OF DECEASED (Type or print) First Middle ESTELLE H.	Last 4. DATE Month Day Year OF DEATH FEB 4 1967
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS FEB 8, 1892 9, AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS Months Days Hours Min.
0	LOa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME EDWARD HARRISON	SADIK B. HOPKDNS
-	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 1	7. INFORMANT Address
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate	evolir cordio vos d
101	cause (a), stating the DUE TO underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
7	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY O OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
1001011	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from say the deceased alive on 1962, and the say the deceased alive on 1962.	to, 16, that (I) (we) last death occurred M, from the causes and on the date stated above
		M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 2 4 4
-	22. PHYSICIAN'S Reeser	Americal md
	REMOVAL (Specify) FEB 6, 1967 OLT)	ERY OR CREMATORY 23d, LOCATION (City, town or county) (State)
1	24. FUNERAL DIRECTOR 1400000000000000000000000000000000000	PABLS DATE FEB 10 1967 Floring Surger

*. Valley or ales preformation minutes atheroxelisalis cordiover of Free Rose und 11364633 4 24 200,441

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02737 requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 and deal 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY attending physician and wamphowy, papers. Pages I permit. Then please remave carban papers. Pages I MARYLAND outside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) ERWOOD e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS mori YES NO NAME OF Middle 4 DATE Year First Manth Day DECEASED DEATH (Type ar print) DATE OF BIRTH AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HR S. SEX 6. COLOR OR RACE 7. MARRIED birthday) Manths Davs Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) during mast of working life, even if retired) COUNTRY ? INDUSTRY MERCHA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remavi ARNER AMUEL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na or unknawn) ((If yes give war ar dates of service) HERWOOD -07-508 CAUSE OF DEATH (Enter only one cause per lipt for (a) burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUF TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been of Health priar to as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION far use NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH directar, page 3 shauld be detached shauld be filed with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, 20d INJURY OCCURRED 20f. (City ar town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. foctory, street office blog., etc.) Not While ot wark (1) (this hospital) attended the deceased fram. , and that deoth occurred at 4 A.M. fram causes and an the date stated above. deceased alive on 22b. DATE SIGNED STAFF PHYS. ATTENDING M.D. 22d. ADDRESS

St. Michaels, Md.

(Stote)

(County)

Charles

25b. REGISTRAR'S SIGNATUR

967

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g/BURIAL CREMATION DATE THEREOF REMOVAL (Specify) 2Sa. REC'D BY REGISTRAR **FUNERAL DIRECTOR ADDRESS** VR A15 (4) 20 M 1/66

R. Lane Wroth, M.D.

IAME (Type)

THE DESIGNATION AND THE RESIDENCE Egsteh Memoria .bh. .bennol- .to Lene Mroth, A.B.

		02738	3					ERTIFI						, BALTIA		02	724	
		LACE OF DEA	TH						2	. USUAL	RESIDEN	ICE (Whe	era dece	eased lived, I	f institution	n: Residen	ce before	admiss
ı	۰	. COUNTY		Ta	1bot			MARYLA	IND	a. STATE	Marv1	and		b. cou	T:	albot		
ı	t	. CITY OR TOWN write RURAL a	(if out	side corp	orate limit	ts,	c. LENGT	TH OF STAY	IN 1b	c. CITY	OR TOWN	(If outside	corpor	ate limits, wri	te RURAL	and give	nearest to	wn)
		Rural -	- St	. Mi	chae:	1s	5	yrs			Newco	mb					20.	-/
	C	. NAME OF HOS	PITAL C	OR INSTIT	TUTION (ii	f not in ho	spital, give s	street address)	d. STREE	TADDRESS							RESIDEN
		Rio Vis	sta	Nurs	ing I	Home											YES	NO
	1	NAME OF DECEASED			First			Middle		Last		4. DA		Mon	th	Day	Ye	ar
		Type or print)		G	SERTR	UDE B	LIZABI	ETH HI	CKSTE	IN			ATH	Fe	brua	ry 28	3, 19	67
	5.		6.			7. MARRII	ED NEVE	R MARRIED	8. D	ATE OF BIE		0.00		AGE (In year: last birthday)			IF UNDE	
_	-	nale		Whit		WIDOWI	_Anh	DIVORCED [arch				88 yrs.	Monings	Days	Hours	Mir
	10a. don	USUAL OCCUPA e during most of	ATION ((Give kin-	d of work	d) 10b. K	IND OF BUS	SINESS OR IN						reign country) 12.	CITIZEN C	F WHAT	COUN
		House											o, C	anada		Cane	ida	
	13.	FATHER'S NAME							14	. MOTHER	'S MAIDEN	NAME	- 1					
	-		Fred	Cou	ich							erine	e Co	rey				
	15. (Yes	WAS DECEASED	EVER IN (Ifyesg	l U.S. AR. Jive waro	MED FOR	CES? 16. ervice)	SOCIAL SE	CURITY NO.	17. INF	ORMANI				Addres	LS.			
		No		***			None	9	Mrs.	Marie	C. G	annor	1, N	lewcomb	, Ma	rylar	ıd	
		1990	ATH WA	AS CAUS EDIATE C		cause per	line for (a),	(b), and (c).]	MA	MI	HIS	()	ig	inl	light		TERVAL BE	
			ny, whediate c	AS CAUS EDIATE Co	ED BY: AUSE (a)_	cause per	line for (a),	(b), and (c).]	ora.	ul	sign lies	Ship Mex	ig	rûn l Men p	his			
		Conditions, if a gave rise to imme (a), stating the cause last.	ny, whediate c	AS CAUS EDIATE Control	DUE TO DUE TO (b) DUE TO (c)	The state of the s	H.	ion	ma.	ASS ELATED TO	THE TERM	INAL DISE	ASE CO	CONDITION GA	Just New IN PA	ART 1(a) 1	Def	DEAT -
	CERTIFICATION	Conditions, if a gave rise to imme (a), stating the cause last.	ny, whediate cunderly	AS CAUSEDIATE CA	DUE TO (b) DUE TO (c) T CONDIT	TIONS CON	NTRIBUTING	ion	MAC SUT NOT R						Aug. Ven in pa	ART 1(a) 1	19. WAS	AUTO
	L CERTIFICATION	Conditions, if a gave rise to imme (a), stating the cause last. PART II. OTHER CONTRIBUTION CONTRIBUTION	ny, when a second of the secon	AS CAUSEDIATE CA	DUE TO (b) DUE TO (c) T CONDIT	TIONS CON	NTRIBUTING SCRIBE HOV	TO DEATH BY INJURY OCCURRED 200	BUT NOT R		of injury i	in Pert I or	Part II			ART 1(a) 1	19. WAS	AUTO
	MEDICAL CERTIFICATION	Conditions, if a gave rise to imme (a), stating the cause last. PART II. OTH 20a. ACCIDENT OR CONTRIBUTING IF EITHER, NOTIF 20c. TIME OF IN Hour a.m	ny, whediate counderly was underly was und	AS CAUSEDIATE CA	DUE TO (b) DUE TO (c) T CONDIT NG	20b. DE:	NTRIBUTING SCRIBE HOV INJURY OCE Not Work at we deed the	TO DEATH E VINJURY OC CURRED 20 (hile ork deceased to the content of the conte	BUT NOT R CCURRED. (Enter nature OF INJURY	(Home, fer	m, 20f.	(City o	of item 18.)	29,	ART 1(a) 1	19. WAS PERFYYES THAT (I)	AUTOOORME NO
	MEDICAL CERTIFICATION	Conditions, if a gave rise to imme (a), stating the cause last. PART II. OTHER CONTRIBUTION IF EITHER, NOTIF 20c. TIME OF IN Hour a.m. 21. Certify saw the sece 22c. SENATURE	MAS UCIFY MED	AS CAUSEDIATE C. hich ause ying NIFICANT NUMBERLYIN AUSE OF ICAL EX. Month,	DUE TO (b) DUE TO (c) T CONDIT NG	20b. DE:	NTRIBUTING SCRIBE HOV INJURY OCE Not Work at we deed the	TO DEATH E VINJURY OC CURRED 20 (hile ork deceased to the content of the conte	BUT NOT R CCURRED. (OF INJURY Street, office ath occur ATTENDI PHYS.	(Home, fer bldg., etc.	m, 20f.	(City o	of item 18.)	29,	ART 1(a) 1	19. WAS PERFO	AUTOOORMEI NO
	MEDICAL CERTIFICATION	Conditions, if a gave rise to imme (a), stating the cause last. PART II. OTHER OF IN HOUR OF IN HOUR a.m. p.m. 20. I certify saw the secee	IMME IMME IMME IMME IMME IMME IMME IMME	AS CAUSE DIATE C. hich ause ying NIFICANT NUMBERLYIN AUSE OF ICAL EX. Menth,	DUE TO (b) DUE TO (c) T CONDIT NG	20b. DE:	NTRIBUTING SCRIBE HOV INJURY OCC P Not We rk at w deed the	TO DEATH E VINJURY OC CURRED 20 (hile ork deceased to the content of the conte	BUT NOT R CCURRED. (De. PLACE factory, from	OF INJURY Street, office ath occur ATTENDI PHYS.	(Home, fer to bldg., el	m, 20f.	(City of to).	or town) he causes	A G., and on	ART 1(a) 1	19. WAS PERFO	AUTOORMINO (Sta
	MEDICAL CERTIFICATION	Conditions, if a gave rise to imme (a), stating the cause last. PART II. OTHER OF IN HOUR OF IN HOUR SAW THE CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION HOUR SAW THE CONTRIBUTION CONTRIBUTION HOUR SAW THE CONTRIBUTION HOUR SAW THE CONTRIBUTION HOUR CONTRI	MAS UCITY MED	AS CAUSE DIATE C. hich lause ying NIFICANT MODERLYIN AUSE OF ICAL EX. Month, R. I	DUE TO DUE TO (b) DUE TO (c) T CONDIT NG	20b. DE:	NTRIBUTING SCRIBE HOV INJURY OCE The si w ded the si w 19. 19. 23c. NA.	TO DEATH BY INJURY OCCURRED 2007k deceased by and me of cemi	CURRED. (Do. PLACE factory, from	OF INJURY Street, office ath occur ATTENDIPHYS. 22d. AD	(Home, fer e bldg, element of the bldg, element of	m, 20f.	(City of to).	of item 18.) or town) he causes STAFF PHYS. Maryl	and on	County) County) The dat	19. WAS PERFOYES 1	AUTCOORME NO (State
be filed with the State Dept. of Health prior to burial, cremation, or	MEDICAL CERTIFICATION	Conditions, if a gave rise to imme (a), stating the cause last. PART II. OTHER CONTRIBUTION IF EITHER, NOTIF 20c. TIME OF IN Hour a.m. 21. Certify saw the sece 22c. SIGNATURE BURIAL, CREMA	MAS U UNDER SIGN WAS	AS CAUSE DIATE C. hich ause ying NIFICANT NUMBERLYIN AUSE OF ICAL EX. Month, R. I. 23b. D.	DUE TO (b) DUE TO (c) T CONDIT T CONDIT NG	20b. DE:	NTRIBUTING SCRIBE HOW INJURY OCE Not We at w Ged the 23c. NA. Port	TO DEATH BY INJURY OCCURRED 200 (hille ork and deceased for an and deceased for an and deceased for an and deceased for an angle of an	CURRED. (Do. PLACE factory, from	OF INJURY Street, office ath occur ATTENDIPHYS. 22d. AD	(Home, fer bldg, element of the bldg, element of th	m, 20f. 1967. MAED. DIRECTOR	(City of to / from to least	of item 18.) or town) he causes STAFF PHYS. Mary J	and on Land	County) 1967, 1 the dat	19. WAS PERFO	AUTORANO (St.)

MENTED IN 10 Page 10 22 C TORCH OR VERDAGE contact of south length of the bound of the contact Manager Catagon, ormano, nomin Company to the state of the state of the state of SHEETING CONTRACTOR SECTION the second little property. The second secon

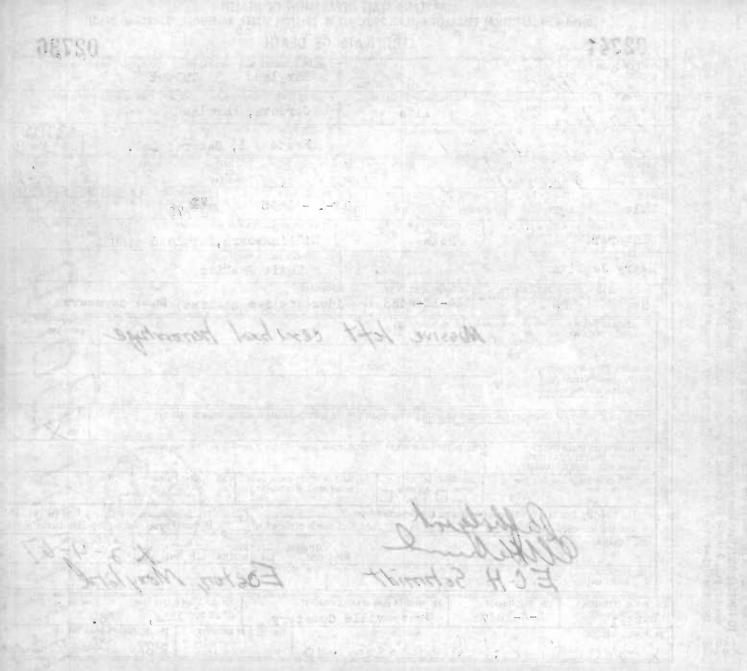
1 Smith with the season to the fame! station the first transfer as a country And the surveyor to the state of the state o La louis Especia Charles wall commen in a comment of the c

Almovel 2/13/1967 - Constain Hill Minister Constain, Elifornia

			576
Saving Tolk	Brain but		
we, mare the Year,			
	AZ Brings		
	who sold		
	Lune Strongs,		
	ENGLIS		an only
. H	and the broad	Cathorine Commission	

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH within 24 hours after death. filled in by the funeral papers. Pages 1 ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. SMaryland TE THE COUNTY MARYLAND buriol-transit permit. Then please remove carbon papers. Pages_1 buriol, cremation, or removol, and in ony event, within 72 hours after c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Cordova, Maryland Life d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nate in haspital, give street address) Route # 1, General Del. YES | NO 4. DATE 3. NAME OF Middle Month Doy Year. DECEASED (Type ar print) 1991 DEATH B. DATE OF BIRTH 9. AGE (In years IF UNDER YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED hirthdoy) Manths 12-18- 1895 Hours Male Negro DIVORCED WIDOWED ond 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) requires that the death certificate be COUNTRY? INDUSTRY Williamsburg, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Heary Jenkins Katio Jonkins IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, go, or unknown) (If yes give war ar dates of service) 220-12-0433 Widew(Adeline Jenkins) same as above INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) signed by offending physician. DUE TO Conditions, if ony, which gove rise ta immediate cause (a). DUF TO stating the underlying cause **TO FUNERAL DIRECTOR:** After this certificate hos been director, page 3 should be detached for use as the director, page 3 should be detached for use as the should be filed with the State Dept. of Heolth prior to last. 19. WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While at work at work grended the deceased from ed from______, 19____, to______, 19___, that (1) (we) last _, and that death occurred ot/_____, M, from couses ond on the dote stated above. , 19___, that (1) (we) last 21. I certify that (1) sow the deceased 22a, SIGNATURE **ATTENDING** STAFF PHYS. DIRECTOR . M.D. PHYS. 22d. ADDRES 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (Stote) 23a. BURIAL, CREMATION. (Caunty) BREMOVAL (Specify) 2-6-1967 Grasenvill Grasenville Cometery 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR EEB DATE

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 02742 death death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY in by the funders. Pages 1 a ease remove carbon papers. Pages I ond in ony event, within 72 hours after MARYLAND after c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carparate limits c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town within 24 hours RURAL d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STRFFT ADDRESS e. IS RESIDENC ON A FARM filled MIDDLEFORDROYES EMOR NO D DATE OF DEATH NAME OF Middle Doy Year First completely DECEASED NM 19 6 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS SAGE (In years S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Months Dovs Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT certificote be COUNTRY? during most of warking life, even if retired) INDUSTRY INSTALLER LASTER SHORE 13. FATHER'S NAME STALLATION COL 14. MOTHER'S MAIDEN NAME burial, cremation, or removol, 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. requires that the deoth (Yes, na, ar unknown) (If yes give war ar dates of service) 46-01 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). the signed by the burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or ottending physicion. DUE TO Conditions, if ony, which gave (b) rise to immediate couse (o), DUE TO stating the underlying cause director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to hos been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO TO FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o.m. While Nat While at work at work 1967, that (1) (we) last 1967 arta 6 Feb 21. I certify that (I) (this hospital) attended the deceased fram_ 3 Feb saw the deceased alive an Feli 1967, and that death accurred at 1838 M, fram causes and an the date stated above. 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** STAFF DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) EM. HUSP-EASTON MARYLIAN 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23b. DATE THEREOF BURIAL CREMATION SVILLE COMETERY 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D' BY REGISTRAR 24. FUNERAL DIRECTOR SIFAFORD NEDAWAREDATE

MARYLAND STATE DEPARTMENT OF HEALTH

		Se or on Lipping		
787SU				
	Service of 1490			
Holes Alexander				

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02743 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH Tall OUNTY a. COUNTY Maryland MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Oxford, Maryland 45-10 ale d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give d. STREET ADDRESS e. IS RESIDENCE ON A FARM? street oddress) General Delivery emo RIA YES NO 3. NAME OF Also knowhiddles: 4. DATE Manth Day Year DECEASED Landmon 19 DEATH (Type or print) AGE (In years Jost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE DATE OF BIRTH **NEVER MARRIED** Months Hours May 8,1885 Male Negro WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) TISQUITRY? during most of working life, even if retired) Trappe, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME George Landman Florence Camper 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes no or unknown) (If yes give wor or dotes of service) 201-10-3312 Memorial Hosp., Easton, Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a) DUE TO stating the underlying cause last. WAS AUTOPSY PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO X 205. DESCRIBE HOW NJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Yeor foctory, street, office bldg., etc.) Hour o.m. Nat While at work ot wark \$ 21. I certify that (I) (this haspital) attended the deceased fram. and that death occurred at 5 AM, from causes and an the date stoted obove. saw the deceased alive and 22b. DATE SIGNED ATTENDING STAFF PHYS. M.D. PHYS DIRECTOR 22d. ADDRESS CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION. 23b. DATE THEREOF (County) (State) PEMOVAL (Specify) Mar 2,1967 Trappe Cemetery Trappe . Md Talbot 24. FUNERAL DIRECTOR Funeral Home, Easton, Md 2Sa. REC'D BY REGISTRAR 1967

VR A15 (4) 20 M 1/66

deeth

and completely filled in by the funeral remave carbon papers. Pages 1 and

remave carbon papers. Pages I Jon event, within 72 hours after

and in

cremation, or removal,

buriol

director, page 3 should be detached for use os the should be filed with the State Dept. of Heolth prior to

permit.

buriol-tronsit

signed by

has been

Poge 4 may be retained by the hospital or ottending physician.

O FUNERAL DIRECTOR: After this certificate

eose

ottending physician permit. Then pleose

requires that the death certificate be executed within 24 haurs after death

(12 3					Pau F
,	did			2.6.13	
	ban Cyte i	(010°10'11'			
	-167254	u Tersen			
			A THE CHOCK OF		
	10	tall, a gut		Li prod	010
	1 V	W. Company	and the		202042
	10.000	2100000		At years of	el egrent:
Sea from	Horollo	rolle ?	Mayora		
see home	Horollo	rolist) olis con	Mayora		
see home	Horelie Vio Vo	rolist) olis con	Mughera		
see home	His Vo	rolist) olis con	Mayora		
see home	His Vo	rolist p olis con	Mayora		
see home	His Vo	rolist p olis con	Mayora		
see home	His Vo	rolist p olis con	Mayora		

386 3-1-67 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02744 death. requires that the death certificate be executed within 24 hours after death campletely filled in by the funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY_ o. Mrvland within 72 haurs after MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest tawn) Trappe, Maryland d. STREET ADDRESS e. IS RESIDENCE ON A FARM? papers. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) Bex# 45 NO YES 3. NAME OF First Middle 4. DATE Month Year remave carban DECEASED and in any event, (Type or print) DEATH DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED 5 dast birthday) Manths Days Haurs Male Negro 7-22-1916 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT egse COUNTRY? during most of working life, even if retired) INDUSTRY Louisiana 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME or remove John Landry Dennie Jenes 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, na, or unknawn) (If yes give war ar dates af service) Memerial Hespital, Easten, Md. crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. burial, Conditions, if ony, which gave (b) rise to immediate cause (a). stoting the underlying cause priar ta has been as the PHYSICIAN: The law last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 3 shauld be detached far use with the State Dept. af Health NO O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (Stote) 20c. TIME OF INJURY Manth, Day, Yeor (County) factory, street, affice bldg., etc.) Haur a.m Not While at wark at wark 21. I certify that (I) (this hospital) attended the deceased from 1967, that (I) (we) last (1967), and that death accurred at 11 - M, fram causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR **ATTENDING** STAFF PHYS. , page 3 be filed PHYS 22c. PHYSICIAN'S 22d. SCHWILL NAME (Type) director, shauld 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. DATE THEREOF (Caunty) (State) REMOYAL (Specify) 20-1967 Trappe Cometery Talbat Trappe 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

25,780 .

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. event, within 72 hours after death. filled in by the funeral papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Talbox MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b CITY OR TOWN (If outs write RURAL and give Tilohman e. IS RESIDENCE ON A FARM? hospital, give street address). d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in YES NO X please remove carban 3. NAME OF DATE Month Year and campletely DECEASED 19 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7 MARRIED C. NEVER MARRIED birthdoy) Months Dovs Hours white WIDOWED DIVORCED male 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during host of working life, even if retired) INDUSTRY Talbox Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ludia Gibson Daniel R. Lednum 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dotes of service) Mrs. Marion E. Lednum, Tilghman, Md. no Derr cremation. INTERVAL BETWEEN ONSET AND PEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit g PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO burial. Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse Page 4 may be retained by the haspital ar attending prior ta has been as the lost. 19. WAS AUTOPSY PERFORMED? II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use directar, page 3 shauld be detached tar use shauld be filed with the State Dept. af Health NO V FUNERAL DIRECTOR: After this certificate 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Not While 21. I certify that (1) (this hospital) attended the deceosed from 196 /, that (1) (we) lost M, from causes and on the date stoted above. and that death occurred at saw he deceased alive an. 22m. SIGNATURE DATE SIGNED 22b. DIRECTOR M.D. PHYS. 22d. ADDRESS 22c/PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) Pilgrim Holiness BEMOVAL (Specify) 18/1967 emetery Tilghman. 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) Miante 20 M 1/66

	25720
Autour Sand	
avar. vii	
Sealines to a	The state of the s
	and I have

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) filled in by the funeral papers. Pages Vang a. STATE o. COUNTY 4 b. COUNTY MARYLAND haurs afte b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) carbon papers. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES 🗌 NO N completely fil 3. NAME OF Middle 4. DATE Year First Lost Manth Day DECEASED 38 (Type or print) DEATH S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthdoy) Months Doys Hours WIDOWED V **DIVORCED** and in any 10a. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10h 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM burial, crematian, or removal, BU WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, ar unknown) (If yes give wor or dotes af service 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY: epticemia IMMEDIATE CAUSE DUF TO nephritis, Pseudomonas spec Canditians, if ony, which gove rise to immediate couse (o), DUF TO use as the lath priar to b stoting the underlying couse Page 4 may be retained by the haspital or attending has been last. 19. WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? ASHD NO O FUNERAL DIRECTOR: After this certificate far 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH director, page 3 shauld be detached shauld be filed with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Harne, farm, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour a.m. foctory, street, affice bldg., etc.) Not While ot work 21. I certify that (1) (this hospital) attended the deceased from . 1965 to. saw the deceased alive an Feb. 28 1967, and that death accurred at 428 M, from causes and on the date stated above 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 12 230. BURIAL CREMATION 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (State) REMOVAL Specify FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66

 2002		0.8746	
10.30m/ 138.35			
7 1000		and the same	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remoye carbon papers. Pages 1 and 2 should be filled horizen to burial, cremation, or removal, and m any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OP71.7

CERTIFICATE OF DEATH

02141	CERTIFICATE	OF DEATH		09740
1. PLACE OF DEATH •. COUNTY		2. USUAL RESIDENCE (itution: Residence before amission)
Talbot	MARYLAND	a. STATE Marv1	b. COUNTY	Talbot
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16			JRAL and give nearest town)
writa RURAL end giva naarest town)				
Bozman	Life	Bozman 20-1		
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, giva straet eddress)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
am 600 occ cas			-	YES NO K
3. NAME OF First DECEASED	Middla		DATE Month OF	Dey Yaar
(Type or print) GERTIB	V. PHILL		DEMMI	uary 16. 19 67
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED 18	DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS.
		August 4, 1908		onths Deys Hours Min.
	. KIND OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY
dona during most of working lifa, aven if ratirad)	. KIND OF BUSINESS OK INDUSTR			
Housewife		Talbot County		USA
13. FATHER'S NAME	Conservation (- Carlot	14. MOTHER'S MAIDEN NAM	E	
Samuel Steilkie	The Arthur State of	Estelle La	rrimore	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I		Address	
(Yas, no, or unkown) (Ifyasgivawarordatesofsarvica)	220-01-7552 Mrs	Morry Pilan D	oines Dosman	Maguland
NO 1B. CAUSE OF DEATH [Enter only one cause p.	III.	. Mary Ellen B	aines, bozman	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	111/11/1/12	VIIII	allun	ONSET AND DEATH
IMMEDIATE CAUSE (a)	Jugurur	sung 10	grun	1 min
4201 DUE TO	andle In	11 11.7	1 bl. 11	7: 7.4.4
Conditions, if any, which	MASSEL OU	Mare will	restare 12	a My.
gave rise to immadiata causa			1	
(a), stating the undarlying causa last.				
	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL D	DISEASE CONDITION GIVEN	IN PART I(a) 19. WAS AUTOPSY
E				PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	DESCRIPT HOW BUILDY OCCURRE	D (F.) (laine in Bad	L DA II -f ia 1D \	YES NO
20a. ACCIDENT WAS UNDERLYING [] 20b.	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pert	or Peri II of Itam Ip.)	
0		CE OF INJURY (Homa, farm, 2 2 2 2)	Of. (City or town)	(County) (Stete)
Hour e.m. W	hila No1 While	A silver, office brage, area,		
	and the decreased from	·V/1/1/1 10/	5 . 16Fell	, 1961, that (I) (we) las
21. I certify that (I) (this hespital) ell				
	19 C., and that	death occurred and USA.	A, from the causes and	d on the date stated above.
22a SIGNATURE	71	ATTENDING MED.	STAFF	22b. DATE
1. VIAMINA	M		TOR PHYS.	77/11/
22c. PHYSICIAM'S NAME (Type)		22d. ADDRESS		,
R. LANE WR	OTH, M. D.	St. Mic	haels, Maryla	nd
23a. BURIAL CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		d. LOCATION (City, town	
Burial Feb 18, 196	7 Bozman Ceme	terv	Bozman, Mary	land
24 FUNERAL DIRECTOR'S SIGNATURE	ADÓRESS7 /		Y REGISTRAR 25b. REGIS	
3/ / /	1. St Muchas	// /// ===		lianles Judge
Harrista glandio	o de repereu	G, MC DATE EB	20 1901 I	0 9

VR A15 (4) 20M 5-63

COLUMN V. DERLEY el wastur SOPE A TREE 27,111 and the state of 220-01-7556 Tre. Mary Liter m sper, norman, Juryland S. ENG milion, 4. II. sep is, 1987 | Borein Gouston - Dorner, Scient, Strate of the separation of the sepa MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 02748 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. STATE b. COUNTY a. COUNTY MARYLAND b. CITY OR TOWN (If outside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RUPAL and give nearest town aston d. NAME OF HDSPITAL DR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS Prospect Ave 3. NAME OF Middle Last 4. DATE Manth First DECEASED DEATH (Type or print) IF UNDER 1 YEAR SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED bisthday) Manths WIDOWED DIVDRCED 1Db. KIND OF BUSINESS OR IDa. USUAL OCCUPATION (Give kind of work dane during/most of working life even if retired) **INDUSTRY** aroline Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Tilahman Stevens 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, ar unknown) (If yes give war or dates af service) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION essential 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) 2Dc. TIME OF INJURY Manth, Day, Year Hour a.m. factory, street, affice bldg., etc.) Nat While at work ot wark 21. I certify that (1) (this haspital) attended the deceased from 25 Fc6 19 47 ta 24 + 10 1967, and that death accurred at 558 M, from causes and an the dote stated obove. saw the deceased olive on_ 26 Feb 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) THURSTON HARRISON 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, 23b. DATE THEREOF Preston

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death completely filled in by the funeronove Corbon papers. Pages 1 and burial, cremation, or remavol, and in any event, within 72 h and ottending physical of the p signed by the burial-tronsit p TO FUNERAL DIRECTOR: After this certificate has been the director, page 3 should be detoched for use os the should be filed with the State Dept. of Health prior to Page 4 moy be retoined by the hospitol or 3 should

72 hours

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

250. REC'D BY REGISTRAR

(Stote)

, 1927, that (I) (we) last

27 teb 67

e. IS RESIDENCE ON A FARM?

Haurs

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPS' PERFORMED?

NO

(State)

Year

YES

Doy

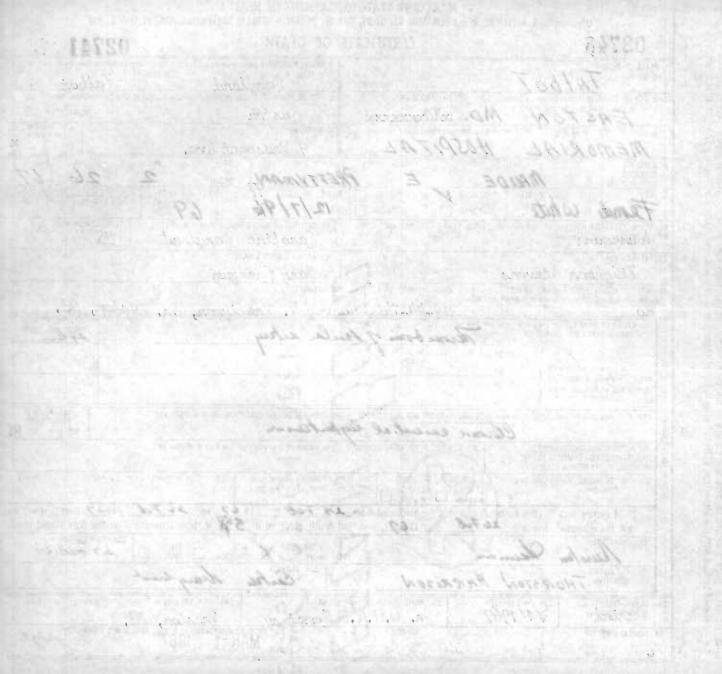
Days

12. CITIZEN OF WHAT

NO X

(County)

25b. REGISTRAR'S SIGNATURE



			AT TO SHEET IT
-02742			
	desing handy set		
	bully de to		
	werted at Lemme		
		us drost outs) (andset)	
	20 200,000		or and unfol
	duelyadi, orqawi		7,000,0465
	azerkow west		Parame Makes
	<u> </u>	y arefull -bi	
	A	161221	
	9 140514 11113		
	5 1/ 1744 211	CHIKEKIE	
	-1-4-5 / 4-14C	100	YRELEWIN
Ber S. H. L.	and mile the southern than a south		
		and Sugar	
-1-1-	221 Clemente the	NOSTYTE 60	
300	a tory	Paller Traine	
	Tate 2.500		

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02750 death. funerol PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COLINTY o. STATE b. COUNTY MARYLAND hours after 24 hours after b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town) filled in d STREET ADDRESS e. IS RESIDENCE ON A FARM? INSTITUTION (If not in hospital, give street address) S. WASHINGTON YES NO The law requires that the death certificate be executed within NAME OF Middle DATE Doy Year First Lost ond completely ' OF DEATH DECEASED (Type or print) 455 IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX DATE OF BIRTH AGE (In years 6. COLOR OR NEVER MARRIED lost birthdoy) Months Hours DIVORCED WIDOWED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1. BIRTHPLACE (County & State, or foreign country) and in COUNTRY? during most of working life, even if retired) INDUSTRY signed by the ottending physician (hurial-tronsit permit. Then please TALBOT RETIRED FEED MILL FM PL 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremotion, or removal, WILLIAM MATILDA TURNER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) ((If yes give wor or dotes of service) MRS, MARGARET R. HARRISON EASTON, M INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO for use os the t Health prior to b stoting the underlying couse has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO Page 4 may be retained by the hospitol or this certificote 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20d INIURY OCCURRED 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While TO FUNERAL DIRECTOR: After 21. I certify that (I) (this traspital) attended the deceased fram 2 Fee 1967, that (1) (we) last and that death accurred at saw the deceased alive on M, fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE STAFF **ATTENDING** M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Stephen P. Carney. Easton. Md. director, pluods 23a BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) EASTON FEB. 20, 1967 TALBOT 256. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66

AND AND RECEIVED THE PARTY OF T

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and PLACE OF DEATH dence defore admission) USUAL RESIDENCE (Where deceased lived, If Institution: Res a. COUNTY b. COUNTY CAROLINE after TALBOT by the Pages MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rs. r EASTON .⊆ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled i bon papers, within 72 h e. IS RESIDENCE d. STREET AOORESS ON A FARM? NO. YES within completely pou 3. NAME OF First DATE Month Year Middle Day OECEASEO OF DEATH 1967 event. (Type or print) executed SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HR\$ 8. 7. MARRIEO NEVER MARRIEO last birthday) Months Days Hours and any FEMALE WIOOWEO -DIVORCEO 10a. USUAL OCCUPATION (Give kind of work done | 12. CITIZEN OF WHAT .⊑ 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician lease and in during most of working life, even if retired) INOUSTRY COUNTRY? timore Housework 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending ph ermit. Then removal Sarah Timmons Mchill ames W. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ed by the attend transit permit. cremation, or r 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes. no. or unkown) | (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: al-trans mutho the hospital or attending physician. ruthing IMMEDIATE CAUSE (a) signed burial-t **OUE TO** Conditions, If any, which (b) peen gave rise to immediate the r DUE TO cause (a), stating the prior underlying cause last. has (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? **DIRECTOR:** After this certificate ge 3 should be detached for use led with the State Dept. of Health NO X YES 20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Oav. Year 120e, PLACE OF INJURY (Home, farm, (State) 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 1966 Due Fel 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on and that death occurred at: from the causes and on the date stated above. 22a. SIGNATURE 22b. OATE SIGNEO STAFF ATTENDING DIRECTOR Page 4 may 1 M.D. FUNERAL TO FUNERAL director, p should be f 22c. PHYSICIAN'S 22d. AODRESS NAME (Type) Stephen Carney. Easton, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. REMOVAL (Specify) AOORESS 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25b. VR AIS (4) 20M

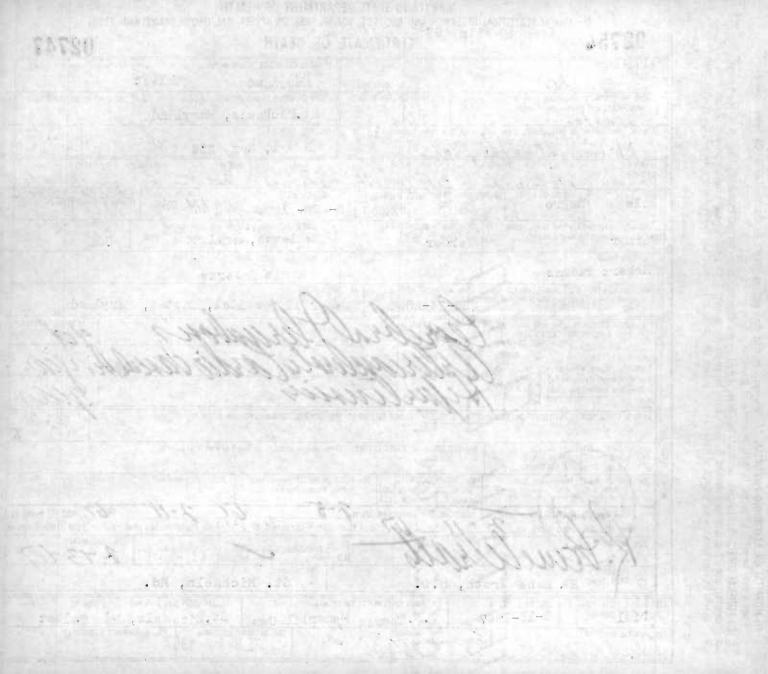
02223 · ... and the production of the colors laced in the second of the sec with the test of the said of the

1 51 - 65 65 5 - 5 - 5		NINER'S CERTIFI		TH 027	45
1. PLACE OF DEATH •. COUNTY		a. STATE	EDENCE (Where deceased live	ed, If institution: Residence COUNTY	before admissi
TALBOT	MAI	RYLAND MARY	LAND	TALBOT	
b. CITY OR TOWN (if outside co- write RURAL and give neares	st town)		WN (If outside corporate limits	, write RURAL and give nee	rest town)
TUNIS MILL	-S 84 4R			20	-/
d. NAME OF HOSPITAL OR INST	TITUTION (if not in hospital, give street ed	ddress) d. STREET ADD	PRESS	1	ON A FARA
					YES NO
3. NAME OF DECEASED	First Middle	e Last	4. DATE OF	Month Dey	Year
(Type or print)	JOHN	SCHAME	DEATH LERG	RUARU 18	1967
SEX 6. COLOR	R OR RACE 7. MARRIED NEVER MAR		19. AGE (In	Years IF UNDER 1 YEAR IF	UNDER 24 HR
M	A) WIDOWED DIVOR	RCED TEB 21. 1	879 last birth	dey) Months Deys F	lours Min.
10a. USUAL OCCUPATION (Give k	kind of work 10b. KIND OF BUSINESS	D1100, 01, 1	(Steta or foreign country)	12. CITIZEN OF V	VHAT COUNT
CARPENTRU	ven if retired) RETIRED (AR	PENTER BONN	CEOMANIII	U.S.A.	
13. PATHER'S NAME	THE THE D CAR	14. MOTHER'S MA	AIDEN NAME	1 4,5,11,	
12 ADDIAD SC	HAMEI				
15. WAS DECEASED EYER IN U.S. A	ARMED FORCES? 16. SOCIAL SECURITY	Y NO. 17. INFORMANT	A	ddress	
(Yes, no, or unkown) (Ifyesgivewer	rordates of service)				111 000
NO DEATH (Foto	220-32-03 or only one cause per line for (e), (b), end		CHAMEL PA		AL BETWEEN
PART I. DEATH WAS CAL	USED BY:				AND DEATH
IMMEDIATE	CAUSE (0) Coronary	occlusion			
4201	DUE TO				
Conditions, if any, which gave rise to immediate cause	(b)	1000000			
(e), stating the underlying	DUE TO				
cause lost.	(c)				
PART II. OTHER SIGNIFICAL	NT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE T	TERMINAL DISEASE CONDITIO	N GIVEN IN PART 1(0) 19.	WAS AUTOPS PERFORMED?
3				YES	A
PART II. OTHER SIGNIFICAL 20s. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY	OCCURRED. (Enter nature of inju-	ry in Pert I or Pert II of item 18.)	
CAUSE OF DEATH.					
	th. Day, Year 20d. INJURY OCCURRED	D 20e. PLACE OF INJURY (Home	e, farm, 20f. (City or town)	(County)	(Stete)
20c. TIME OF INJURY Mont			Usa WICAI !		
20c. TIME OF INJURY Mont	While Not While	fectory, street, office bldg			
	While Not While at work et work			nguiry [], and in	my oninion
21. I certify that I took	While Not While et work charge of the remains described	above, held an Autopsy	Inspection . I		my opinior
21. I certify that I took	While Not While at work et work	above, held an Autopsy . Suicide . Homi	Inspection . Incide . Undetermine		my opinion
Hour a.m. p.m. 21. I certify that I took	While Not While et work charge of the remains described	above, held an Autopsy [2] , Suicide [_], Homicontermed	Inspection . It	ed manner	
21. I certify that I took death resulted from:	While Not While et work charge of the remains described	above, held an Autopsy	Inspection . Incide . Undeferming	ed manner	my opinion
21. I certify that I took death resulted from: ACTUAL SIGNATURE LOW EXAMINER'S	While Not While et work charge of the remains described	above, held an Autopsy Action Suicide . Homiconservation CHIEF MED M.D. ASSISTANT DEPUTY ME	Inspection . In Indeterminate .	ed manner	
21. I certify that I took death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (Type)	while Not While et work to et wor	Above, held an Autopsy	Inspection . Incide . Undeferming ICAL EXAMINER . TAMEDICAL EXAMINER . EDICAL EXAMINER . Incide the control of	ed manner DAT	re signed
21. I certify that I took death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (Type) 22a (BURIAL) CREMATION, 22b. D. REMOVAL (Specify)	while Not While et work et work charge of the remains described Natural causes . Accident . Acciden	ASSISTAN Address (SI CEMETERY OR CREMATORY	Inspection Incide Incid	ed manner DAT	re signed 6-67 (State)
21. I certify that I took death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (Type) 22a (BURIAL) CREMATION, 22b. DREMOVAL (Specify)	while at work Not While at work et work charge of the remains described Natural causes Accident Charge of the remains described Natural causes Accident Charge of the Reference Accident Charge of the	Address (SI	Inspection Incide Incid	DAT 2-) town, or county) MARY	re signed
21. I certify that I took death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (Type) 222e (BURIAL) CREMATION, 22b. D REMOVAL (Specify)	while Not While et work et work charge of the remains described Natural causes . Accident . Acciden	Address (SI	Inspection Incide Incid	DAT 2-) town, or county) MARY	re signed 6-67 (State)

DATED		
	MUSEUS SERVICE	
		Load or section
Hills Comment		Secretary Institute of

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Litem #9 Film #G385 CERTIFICATE OF DEATH 02754 requires that the death certificate be executed within 24 hours after death. death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY THE TOWNEY bon papers. Pages 1 within 72 haurs after MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. write RURAL and afve nearest town) St. Michaels, Maryland aston filled in I d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) RT# 1. Bex# YES NO I 3. NAME OF Middle 4. DATE Month Year Doy carbon DECEASED (Type or print) 19 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH AGE (In years SEX Male 6. COLOR OR RACE 7 MARRIED NEVER MARRIED birthapy) Months Doys Hours 5- 28- 1890 DIVORCED crematian, ar remayal, and in any WIDOWED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) attending physician or nermit. Then please COUNTRY? during most of working life, even if retired) Bellevue, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Thomas Annie Reberts 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 20-1564 ial Mespital, Easten, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per life for to) signed by the burial-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been as the WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) far use af Health NO YES 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) directar, page 3 should be detache should be filed with the State Dept. (City or town) (Stote) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work ot work 1960, that (I) twel last 21. I certify then(I) (this hospital) attended the deceased fram and that death accurred at AM, from causes and an the date stated above. saw the deceased alive an_ 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S R. Lane Wroth, M.D. St. Michaels, Md. NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION. 23b. DATE THEREOF (Stote) Bu REMOVAL (Specify) 2-15-1967 Memerial St.Michaels, Md Talbet Cam 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 5



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02748death death campletely filled in by the funeral nove carban papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a COLINTY o. STATE b. COUNTY Talbox MARYLAND lease remove carban papers. Pages 1 and in any event, within 72 hours after requires that the death certificate be executed within 24 hours after C. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. b. CITY DR TOWN (If outside corporate limits. write RURAL and give negrest town) ohman d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES NO F please remove carban 3. NAME OF Middle Last 4. DATE Day Year DECEASED DEATH (Type or print AGE (In years IF UNDER 1 YEAR S. SEX 7. MARRIED **NEVER MARRIED** DATE OF BIRTH birthday) Months Hours male WIDOWED DIVORCED and 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired) INDUSTRY Talbot Maruland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar remaval, dward D. Tuler arrie A umming WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, na, ar unknawn) (If yes give war ar dates of service) permit Tilahman. no INTERVAL-BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. Conditions, if ony, which gove rise ta immediate cause (a). DUE TO stating the underlying couse as the priar tak this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH with the State Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Haur o.m. Not While foctory, street, office bldg., etc.) at wark After pe 21. I certify that (1) (this haspital) attended the deceased fram and that death accurred at M. fram causes and on the date stated above. O FUNERAL DIRECTOR: saw the deceased alive on 22a SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. directar, page shauld be filed 22c. PHYSICIAN 22d. ADDRESS 23d. LOCATION (City or Tawn) (County) (State)

24. FUNERAL DIRECTOR

ADDRESS

Methodist (emetery

2Sa. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

erso		10 - 1
-52	Lordona .	
	N.C. Chan	
	The state of the s	
		de la companya del companya del companya de la comp
	Andrew Name (Internal Internal	aver-Ve
	arina (urdan	
		Alvertical day (e.g. Virginia)

MARYLAND STATE DEPARTMENT OF HEALTH

SETTLE STATE OF THE STATE OF TH Treston Children St. Co.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending universal and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then piese remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

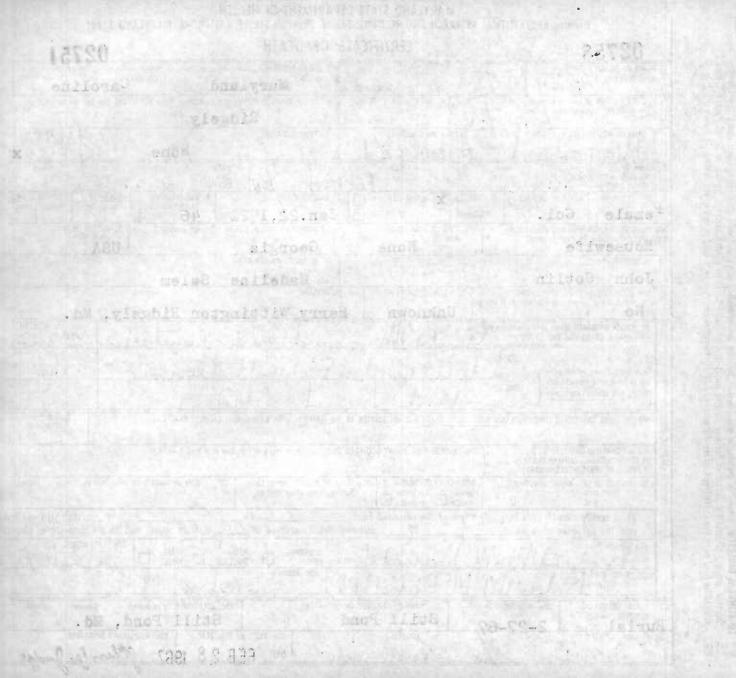
A15 (4)

20M

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12757
CERTIFICATE OF DEATH

OLKIN IOATE	- OI BEATH
1. PLACE OF DEATH a. COUNTY TALLOT MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE MARYLAND b. COUNTY OVERN AND
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
EASTO h	QUEENSTOWN 17.2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE DN A FARM?
3. NAME DF First Middle	Last 4. DATE Month Day Year
(Type or print) Margaret	Variver DEATH 2 - 9 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	last birthday) Months I Days House Min
FEMALE WHITE WIDOWED DIVORCED /	HVG./1-1888 78 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	11. BIRTHPLACE (County & State for foreign country) 12. CITIZEN OF WHAT COUNTRY? BOSTON - MASS. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ALEC SHANEY	UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service)	Address Address Address Address MD.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Ru	eart karliere 21
4200 DUE TO 0 10.	otic heart disease known
Conditions, If any, which (b) arterior cler	otic heart disease known
gave rise to immediate (cause (a), stating the underlying cause last. (c)	
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTION OF CONTRIBUTION OF COURT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME DF INJURY Month, Day, Year Pour Not While Hour a.m. p.m. 19 at work at work	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? YES ND
208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUP OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
3 20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) y, street, office bldg., etc.)
Hour a.m. p.m. 19 While Not While ractor	y, street, onice bidg., etc.)
21. I certify that (I) (this hospital) attended the deceased from.	, 19 to , 19 , that (I) (we) last
	death occurred at 2 AM, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED 2/9/67
Robert W. Trever M.D.	. PHYS. A DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type) Robert W. Trever M.	22d. ADDRESS
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY	42/20/
REMOVAL (Specify) FEB, II CHESTERFI	
24. FUNERAL DIRECTOR ANDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Edgas L. Lane Church Hell a	Md- DATE B 1 5 1967 Scharles Judge

Robert . Traval 1.5. Easton, Noreland 2/0/CF



Mark Levin III to and the second

2.		IND STATE DEPARTMENT OF HEALTH D RECORDS, 301 W. PRESTON STREET, BALTIMORE, MAI	RYLAND 21201
1 6 4 4 1		CERTIFICATE OF DEATH	02753
after death. The funeral ges 1 and 2 and 2 and 2.	1. PLACE OF DEATH 0. COUNTY D. CITY OR TOWN (If outside corporate limits, c. LENGTH	2. USUAL RESIDENCE (Where deceosed lived, if ins o. STATE b. (MARYLAND H OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write	COUNTY PHITIMORE
n 24 haurs illed in by 1 papers. Pa	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street o	ddress) DALTIMORE d. STREET ADDRESS 3501 ST PAUL	e. IS RESIDENCE ON A FARM? YES NO
prificate be executed within 24 haurs after opposition and campletely filled in by the function please remave carban papers. Pages 1 availand in any event, within 72 haurs after.	DECEASED (Type or print) EDITH BL	Middle Lost 4. DATE OF DEATH 2-4 ER MARRIED 8. DATE OF BIRTH 9. AGE (In year last birthdoy but the control of t	n) Months Doys Hours Min.
h certificate be e ling physician and Then pleas e re remaval, and in a	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HEGSEKEEPER 13. FATHER'S NAME WT H. BELL	NESS OR 11. BIRTHPLACE (County & Stote, or foreign country) HOME BALTIMORE, MARRYL, 14. MOTHER'S MAIDEN NAME ELIZABETH TOWNSEA	12. CITIZEN OF WHAT COUNTRY? AND LOSA
the death cei e attending p permit. The	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, o'unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), one	MRS d. T. Sandlass (1)	oyal Oak ma
The law requires that the death certificate be executed within 24 haurs after death attending physician. has been signed by the attending physician and campletely filled in by the funeral se as the burial-transit permit. Then please remave carban papers. Pages I and the priar to burial, crematian, ar remaval, any event, within 72 haurs after death	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) URL TO Conditions, if ony, which gave rise ta immediate cause (a), stating the underlying cause lost. (c)	almotte heart disease	ONSET AND DEATH
al a te	САТІОР	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o	YES NO
	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. While Not W	While foctory, street, office bldg., etc.)	
OR ATTENION DIRECTOR: A 3 shauld led with the	21. I certify that (I)-(this hospital) attended the d saw the deceased alive on 1 - 2 f 19 220. SIGNATURE 221. PHYSICIAN'S 222. PHYSICIAN'S	leceased fram 1 - 4 , 19 6 7, ta 4 F	es and on the dote stated above. 22b. DATE SIGNED 2 G G G
TO HOSPITAL OF Page 4 may be TO FUNERAL DIR director, page 5 shauld be filed	NAME (Type) Stephen P. Carney 230. CURIAL REMATION, REMOVAU (Specify) 23b. DATE THEREOF 23c. NAM 23b. 7, 1967	ME OF CEMETERY OR CREMATORY WE OF CEMETERY OR CREMATORY WAS BELLEVIEW WAS BELL	u Balto my
VR A15 (4)	24. FUNERAL ORECTOR Clark BAS	DATE FERS 1250. REC'D BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE